

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 285892 (6)

1. Corporation Name

FOUNTAINHEAD MEMORIAL PARK, INC.



Principal Place of Business

7303 BABCOCK ST SE  
PALM BAY FL 32909

Mailing Address

C/O GIBRALTAR MAUSOLEUM CORPORATION  
9102 N MERIDIAN ST. SUITE 300  
INDIANAPOLIS IN 46260

3. Date Incorporated or Qualified  
10/09/1964

3a. Date of Last Report  
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 7303 BABCOCK STREET SE  
Suite, Apt. #, etc.

26 1929 ALLEN PARKWAY  
Suite, Apt. #, etc.  
27 9TH FLOOR DEPT 2934

4. FEI Number  
59-1068279

Applied For  
Not Applicable

22 City & State

23 PALM BAY FLORIDA

27 City & State

28 HOUSTON TEXAS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32906-0368

25 Country USA

29 Zip 77019

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIGHE, CHARLES  
1589 COLONIAL BLVD.  
FT. MYERS FL 33901

81 Name  
THE PRENTICE HALL CORP SYSTEM  
82 Street Address (P.O. Box Number is Not Acceptable)  
1291 HAYS STREET, SUITE 105  
83  
84 City  
TALLAHASSEE FL 85 Zip Code  
32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and his if applicable

(NOTE: Registered Agent signature required when reinstating)

Assistant Secretary

DATE 2/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BRAMMER, TIMOTHY F.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
VD	BRAMMER, JAY A.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
TSD	SHOGER, NEAL G.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
P/D	J. DANIEL GARRISON	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON, TEXAS 77019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	FRANK BANGO	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON TEXAS 77019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	EARNEST E. POYNTER	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON, TEXAS 77019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D	JOAN B. GOFF	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON, TEXAS 77019	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

JOAN B. GOFF

2/15/96

(713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)